HAWAII STATE ETHICS COMMISSION



1001 Bishop Street, Pacific Tower 970 P.O. Box 616, Honolulu, Hawaii 96809 Telephone: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

		GIFTS DISCLOSURE STATEMEN	FTS DISCLOSURE STATEMENT				
		(This report covers the period from June 1 of the preceding calendar year through Ju	eport covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)				
NAME:	Lisa M.	Itomura	STATE POSITION:	Deputy Attorney General			
STATE	AGENCY:	Department of the Attorney General	STATE TEL. NO.:	586-8373			

STATE MAILING ADDRESS:

465 South King Street, Rm. B-2 Honolulu, HI 96813

E CONTRACTOR OF THE CONTRACTOR		DATE	CIETVALUE
1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE AGG. VALUE
Interstate Commission for Adult Offender Supervision ("ICAOS") c/o The Council for State Governments ("CSG")	One round trip from Honolulu, HI to Cincinnati, OH, one hotel room, and meal & shuttle reimbursement for 4 days and 3 nights Purpose of trip: Legal training on ICAOS rules	6/26/04 to 6/29/04	Flight - \$849.95 \$975.95 Hotel - \$80.00 Shuttle - \$25.00 Meals - \$21.00

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	GIFT VALUE 5 AGG. VALUE
			JUN 3
			D P3
			351C 7

____ Check here if you have attached additional speets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE

DATE